I362.104252
I29m
c.3

176,40590

MEDICAL ASSISTANCE THROUGH THE AID TO THE MEDICALLY INDIGENT PROGRAM

ILLINOIS STATE LIBRARY
1983
ILLINOIS DOCUMENTS

Illinois Department of Public Aid

MEDICAL ASSISTANCE THROUGH THE AID TO THE MEDICALLY INDIGENT PROGRAM

THIS PAMPHLET IS ABOUT MEDICAL ASSISTANCE THROUGH THE AID TO THE MEDICALLY INDIGENT PROGRAM (AMI). TO BE ELIGIBLE FOR MEDICAL ASSISTANCE FROM THE AMI PROGRAM YOU MUST BE INELIGIBLE FOR MEDICAL ASSISTANCE ONLY. (SEE THE BROCHURE TITLED, "MEDICAL ASSISTANCE THROUGH MEDICAID".)

Who may apply?

Anyone may apply. Usually, persons applying for AMI have a source of income but are hit hard by a medical emergency which they cannot afford.

If you can't complete the application someone who knows about your circumstances can apply for you. Application may be made for a deceased person. Public Aid may pay for funeral and burial costs if the application is made within five (5) days of the day of death.

Where can I apply?

You may apply for AMI at the Public Aid office in the county in which you live. If you live in Chicago, apply at the office serving your address. If you are in the hospital, you may apply for this assistance while in the hospital.

What medical services does AMI cover?

The medical services covered under AMI are in-patient and out-patient hospital services; clinic services; laboratory and X-ray services; doctor services; drugs; family planning supplies and services; nursing home services; emergency dental services; medical transportation services and certain medical supplies and equipment.

What are the eligibility requirements?

- You must **not** be receiving or be eligible for Aid to Families with Dependent Children (AFDC), Aid to the Aged, Blind or Disabled (AABD), Medical Assistance through Medicaid, Refugee/Repatriate Assistance or Supplemental Security Income.

- You do not have to be a resident of Illinois to receive AMI if you become ill or are injured or die while in this state. However, if you are not a resident but come to Illinois for the sole purpose of getting medical care, you are not eligible for AMI.

- You will be requested to furnish a Social Security Number. However, having one is not an eligibility requirement.

- Earned and unearned income is considered when you apply for AMI. Earned income is wages from your job. Unearned income is such things as Social Security Benefits and support from responsible relatives. Some of your income may not be considered.

Income for a six (6) month period is compared to the AMI six (6) month income standard. If income is equal to or less than the standard and you meet all other eligibility requirements, you are eligible for AMI medical assistance and will receive a monthly medical card each month for six (6) months. If your income is more than the six (6) month AMI standard, you will be enrolled in the AMI spend-down program for a six (6) month period. However, you will only receive a medical eligibility card when you show the Department you have incurred or paid medical bills equal to the amount of your income over the standard. The amount of your income

over the AMI standard is your six (6) month spend-down. This is like an insurance deductible. If the Public Aid office tells you that you have a spend-down, keep proof of medical expenses such as medical bills, papers showing the date of cancelled checks, receipts, etc.

When you think you have incurred or paid medical bills equal to your spend-down give your caseworker your proof of the medical expenses. If you have met spend-down you will receive a medical card good for medical services from the day in the month you meet your spend-down through the last day of the six (6) month enrollment period. If you do not meet spend-down, you will not receive a card.

How Do Assets Affect Your Eligibility?

- The following assets are **not** counted in determining your eligibility for AMI;

  - The home you live in.
  - Household/furnishings.
  - Clothing and personal effects.
  - One motor vehicle if the equity value is not more than $1,500.

If your assets are equal to $400 for yourself, $200 for the second member of your family and $100 for each additional family member they are not considered in determining your eligibility. You are eligible for a month if your assets are equal to or below your allowable limit at any time during the month.

IMPORTANT:
If your assets are above the asset level, you may use your excess assets to pay off old medical bills or other legitimate expenses in order to become eligible for the AMI program. If you lower your assets to become eligible be sure to have proof to show Public Aid what you did with the excess amount.

I 362.104252
I24m
c.3

Are any other persons responsible for me?

Persons legally responsible for the support of needy relatives are spouse for spouse and parents for the support of their children under age 21. However, parents are not responsible for the support of children ages 18 through 20 if not living with them.

If I am eligible, when does my eligibility begin?

Eligibility usually begins with the month of application, provided you meet all eligibility requirements. However, you may be eligible the month before the month you apply. If you have medical bills in the month before the month you apply, be sure to tell Public Aid about them so that your eligibility for payment of those bills is considered.

What are my responsibilities?

It is your responsiblity to:

- provide all the information requested by the local office;

- report changes in your circumstances, like a change in the number of persons living in your household, change of address, receipt of income or assets, or other information which might affect your eligibility for AMI.

What will happen if I do not give the information by the date requested by Public Aid?

Public Aid must either approve or deny your application within 45 days. Therefore, provide information by the date requested or contact the Public Aid worker to discuss any help you need to obtain the information or to obtain an extension of the deadline.

How soon should I find out if I am eligible or not?

If your application is approved, you will receive a written notice of approval and if you do not have an unmet spend-down, a medical eligibility card. The notice will be mailed to you within 45 days of the date of your application. If your application for AMI has been submitted by the hospital, the local office will notify the hospital of the decision.

If your application is denied you will receive a notice from the local office.

How long can I receive medical coverage?

Your AMI coverage will last for six months. Before the end of the six month period a notice will be sent to you explaining that your medical assistance is ending and that you must reapply if you are still in need of medical assistance.

Civil Rights

The Illinois Department of Public Aid administers all programs under its jurisdiction in conformance with Title VI of the Civil Rights Act of 1964, and does not discriminate on the basis of race, color, sex, religion, national origin, handicap or political affiliation of any applicant or recipient.

For more details, see brochure DPA 592, Public Aid and Civil Rights.

The Illinois Department of Public Aid does not discriminate in admission to, or treatment or employment in programs or activities in compliance with the Illinois Human Rights Act, the Illinois Constitution, the U.S. Civil Rights Act, Section 504 of the Rehabilitation Act, as amended, and the U.S. Constitution.

Illinois Department of Public Aid
Jesse B. Harris Building
100 South Grand Avenue East
Springfield, Illinois 62762

DPA2853 (N-12-87)
Printed by the Authority of the State of Illinois
P.O. #2638, 33,580 copies

UNIVERSITY OF ILLINOIS-URBANA
3 0112 122592717